

# EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <b>USA Capital</b>		Case Number <b>10725 LOR</b> <b>BK-S-06-10726 LOR</b> <b>10727 LOR</b> <b>10728 LOR</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <b>Sheila Rothberg</b> <b>21 Ranchoph Drive</b> <b>Dix Hills NY 11746</b>		<b>10729 LOR</b> <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number (631) 486-2820 Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1. BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly): _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. DATE DEBT WAS INCURRED</b>		<b>3. IF COURT JUDGMENT, DATE OBTAINED</b> <b>11/29/06</b>	
<b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>UNSECURED NONPRIORITY CLAIM</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. <b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: _____ <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <b>350,000.00</b> Amount of mortgage and other charges at time case filed included in secured claim if any \$ _____ <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <b>250,000.00</b> (unsecured) \$ <b>0.00</b> (secured) \$ <b>250,000.00</b> (priority) \$ <b>250,000.00</b> (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6. CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7. SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. DATE STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY  BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE <b>11/2/06</b>		SIGN and print the name and title of any of the creditor or other person authorized to file this claim, attach copy of power of attorney if any. <b>Sheila Rothberg</b>	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. 55152 AND 3571



**PROOF OF CLAIM**

Name of Debtor

USA COMMERCIAL MORTGAGE CO.

Case Number

06-10725 (LBR)

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address

11321241001088

SUMPOLEC 1989 TRUST DATED 4/13/89  
C/O JOHN SUMPOLEC JR TRUSTEE  
2405 HOWARD DR  
LAS VEGAS NV 89104-4224☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number (702) 457-0945

Last four digits of account or other number by which creditor identifies debtor

4179

Check here ☐ replaces a previously filed claim dated \_\_\_\_\_  
if this claim ☐ or amends**1 BASIS FOR CLAIM**☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)**2 DATE DEBT WAS INCURRED** 8/25/2005**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$**☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.**SECURED CLAIM**☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ 50,000

Amount of arrearage and other charges at time case filed included in secured claim if any \$ \_\_\_\_\_

**UNSECURED PRIORITY CLAIM**☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)☐ Up to \$225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM**

AT TIME CASE FILED

\$ 50,000

(unsecured)

(secured)

(priority)

(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245**THIS SPACE FOR COURT USE ONLY**

USA CMC



1072500592

DATE

OCT. 11, 2006

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

John Sumpolec Jr TRUSTEE

FILED OCT 16 2006

UNITED STATES BANKRUPTCY COURT		DISTRICT OF <u>NEVADA</u>	<b>PROOF OF CLAIM</b>
Name of Debtor <u>USA COMMERCIAL MORTGAGE Co.</u>		Case Number <u>06-10725</u>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>DR CAROLE TALAN</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>ROBERT C. LEPOME</u> <u>10120 S. EASTERN # 200</u> <u>HENDERSON, NV 89052</u> Telephone number <u>(702) 492-1271</u>			
Last four digits of account or other number by which creditor identifies debtor <u>6980</u>			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>GENERAL UNSECURED CLAIM - CLASS 4</u> <u>NEGLIGENCE &amp; FRAUD</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred. <u>JAN 1, 2005</u> <u>TO APRIL 12, 2006</u>		3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <u>Unsecured Nonpriority Claim \$ 25,000</u> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.  Amount entitled to priority \$ _____  Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	
5. Total Amount of Claim at Time Case Filed. <u>\$25,000</u>		<u>\$25,000</u> (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary.			
8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>12-07-06</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <u>ROBERT C. LEPOME, ATTY FOR CLAIMANT</u>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FILED DEC 07 2006



**PROOF OF CLAIM**

Name of Debtor

U-S-A Commercial Mortgage

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**Name of Creditor and Address**

11321241003426

NOEMI N TUROK  
8808 RAINBOW RIDGE DR  
LAS VEGAS NV 89117-5815☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number ( ) 702-233-6606

Last four digits of account or other number by which creditor identifies debtor

Account ID-3867

Check here if this claim

☐ replaces or amends

a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**☒ Goods sold☒ Personal injury/wrongful death☒

Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Unremitted principal☒ Services performed☒ Taxes☒

Wages, salaries and compensation (fill out below)

☐ Other claims against servicer (not for loan balances)☒ Money loaned☒ Other (describe briefly)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date)

(date)

**2 DATE DEBT WAS INCURRED** APRIL 13<sup>th</sup> 2006**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_**☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.**UNSECURED PRIORITY CLAIM**☒ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☒ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☒ Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)☒ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)**SECURED CLAIM**☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☐ Real Estate☐ Motor Vehicle☐ Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim if any \$ \_\_\_\_\_☐ Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)☐ Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$50-000-00 (unsecured) \$50-000-00 (secured) \$50-000-00 DEL-VALLE LIVINGSTON (Total) \$150-000-00☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8 DATE-STAMPED COPY.** To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim. SENT

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245**THIS SPACE FOR COURT USE ONLY**

FILED NOV 10 2006

**DATE** Nov 7-2006 **SIGN** and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

NAOMI / [Signature]

USA CMC



1072501174

Name of Debtor **DELVAILE - LIVINGSTON**  
**+ USA CAPITAL**

Case Number **06-10725 (LBR) (?)**

NOTE See Reverse for List of Debtors and Case Numbers  
 This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**Name of Creditor and Address**

11321241001104  
 WALLS FAMILY TRUST DATED 12/10/97  
 C/O JOSEPH P WALLS & ELLEN WALLS TRUSTEES  
 2778 BEDFORD WAY  
 CARSON CITY NV 89703-4618

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number **775-884-2918**

Last four digits of account or other number by which creditor identifies debtor

**See Attached Sheets**

Check here ☐ replaces if this claim ☐ or amends

a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- ☐ Goods sold ☐ Personal injury/wrongful death  
☐ Services performed ☐ Taxes  
☒ Money loaned ☐ Other (describe briefly)

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

☐ Unremitted principal

☐ Other claims against servicer (not for loan balances)

(date) (date)

**2 DATE DEBT WAS INCURRED**

**8/30/2005**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$**

- ☐ Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.

**UNSECURED PRIORITY CLAIM**

- ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

**SECURED CLAIM**

- ☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- ☒ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$ **See Attached Sheets**

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM \$**

**\$ 200,000 PLUS \$**

**AT TIME CASE FILED**

(unsecured)

(secured)

**12% Interest** (priority)

(Total)

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 P.O. Box 911  
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

**FILED OCT 02 2006**

DATE **9/29/06** SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): **Joseph Walls**

USA CMC



1072500398



UNITED STATES DISTRICT COURT  
DISTRICT OF ARIZONA

## PROOF OF CLAIM

Name of Debtor:

USA Commercial Mortgage Company

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address:

 11321242039724  
 YOUNGER, WILLIAM & LISA K Younger  
 1746 LAKE STREET  
 HUNTINGTON BEACH CA 92648

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

**IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.**

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (714) 969-2993

Last four digits of account or other number by which creditor identifies debtor:

1854 &amp; 1567

Check here  
if this claim
☐ replaces  
or  
☐ amends

a previously filed claim dated: \_\_\_\_\_

## 1. BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☒ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer  
(not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date)

(date)

2. DATE DEBT WAS INCURRED: APRIL 2006

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral: (Secured by trust deed)

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral: \$ Appraisal needed - unknown partial interest in title

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 54,876.00

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

 5. TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_ \$ 54,876.00 \$ \_\_\_\_\_ \$ 54,876.00  
 AT TIME CASE FILED: (unsecured) (secured) (priority) (Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT  
USE ONLY

DATE 11/1/2006 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

WILLIAM YOUNGER